

are reduced, and the percentage of patients requiring surgery decreases. Infliximab should be used on a maintenance schedule rather than episodically (i.e.: treatment of flares) in order to optimize treatment outcomes.

PGI21

THE VALUE OF INFORMATION OF SCREENING FOR HEREDITARY HEMOCHROMATOSIS

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OBJECTIVES: It has been recommended that due to a lack of evidence, screening for hereditary hemochromatosis should be rejected and instead, further research is warranted. This study builds on a published quantitative synthesis of evidence and assesses the expected value of perfect information (EPVI) as an upper bound of value for further research. Implications of modelling results and EVPI for both Bayesian and Frequentist decision makers with different cost-effectiveness thresholds are discussed. **METHODS:** Expected value of information both for the decision, for single and for groups of parameters are calculated. Population EVPI was based on an infinite time horizon for the target cohort of 30 years old Germans. **RESULTS:** A Frequentist decision maker can be assumed to reject screening based on a lack of high quality evidence of cost-effectiveness at thresholds between 50,000 and 100,000 EUR/LYG. In contrary, for a Bayesian with a cost-effectiveness threshold of 50,000 or beyond 100,000 EUR/LYG evidence may be sufficient: The former will probably reject, the latter pursue population screening. The overall costs of uncertainty for the decision are comparatively small: the total expected value of perfect information at a cost-effectiveness threshold of 50,000 EUR/LYG was calculated to be approximately 1 million EUR. Uncertainty about compliance had the highest expected value of partial perfect information of approx. 200,000 EUR. **CONCLUSION:** Further research on genetics in health care should include the issue of patient compliance. Frequentist decision making incurs costs in terms of expected health forgone. Yet the Frequentist decision is more stable: Given the deterioration of cost-effectiveness ratios in past economic studies, a Bayesian decision maker with a threshold of EUR 50,000/LYG may have introduced screening years ago while a Frequentist decision maker would always have rejected it. Coverage with evidence development may bridge the gap between both.

PGI22

ASSOCIATION BETWEEN HEALTH-RELATED QUALITY OF LIFE AND UTILITY SCORES FROM EQ-5D OR SF-6D IN CROHN'S DISEASE

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OBJECTIVES: Certolizumab pegol, a PEGylated anti-TNF α fragment, induced and maintained health-related quality of life (HRQoL) at levels that are indicative of remission in patients with active Crohn's disease (CD) in the PRECISE 2 trial (Schreiber et al., 2005). HRQoL was assessed using the Inflammatory Bowel Disease Questionnaire (IBDQ), which evaluates four domains: bowel symptoms (BS), systemic symptoms (SS), emotional function (EF) and social function (SF). The SF-36 and EQ-5D were administered and utility scores determined. A strong relationship was documented recently between both preference-based measures and the IBDQ scores in patients with CD (Buxton et al., 2007). Using PRECISE 2 data, this analysis

evaluated the correlations between changes in IBDQ scores and changes in utility indexes derived from the EQ-5D and SF-6D in patients with active CD. **METHODS:** EQ-5D and SF-6D utility scores were derived using the established algorithms (Dolan et al., 1995 and Brazier et al., 2002, respectively). The changes in IBDQ domains and total score were paired to the changes in utility scores between Weeks 0 and 26. Correlations between 405 (EQ-5D) and 375 (SF-6D) paired observations were calculated using Spearman coefficients. **RESULTS:** The strength of the association between changes in utility scores and IBDQ scores was two to four times larger when using the EQ-5D (Spearman coefficients 0.48 [SF] to 0.58 [total score]) compared with the SF-6D (Spearman coefficients 0.13 [SF] to 0.23 [EF]). All coefficients were statistically significant: p-values <0.0001 with the EQ-5D and <0.0001 (EF) to 0.0151 (SF) with the SF-6D. **CONCLUSION:** Changes in IBDQ scores were associated with consistent changes in both EQ-5D and SF-6D utility scores in patients with active CD. However, the magnitude of the correlation coefficients suggests that the EQ-5D is more sensitive to HRQoL changes than the SF-6D in CD.

PGI23

USING DISCRETE CHOICE EXPERIMENTS (DCE) TO MEASURE PREFERENCES FOR TREATMENT OPTIONS: AN APPLICATION TO GASTRO-OESOPHAGEAL REFLUX DISEASE (GORD)

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OBJECTIVES: To identify the strength of the study participants' preferences for the different treatments and outcomes of GORD and to investigate whether these preferences differ between the different arms of the REFLUX trial. **METHODS:** A qualitative study and expert advice were used to identify four dimensions related to the treatment and outcomes of care. These were: frequency of troublesome symptoms, chance of serious complications, chance of undergoing surgery, and chance of needing life long medication. The questionnaires were sent to participants in the 4 arms of the REFLUX trial (randomised medical, randomised surgical, prefer medical, prefer surgical). Data were analysed using logistic regression techniques. **RESULTS:** The most important dimension was serious complications, followed by the chance of having surgery or receiving lifelong medication. Suffering troublesome symptoms most days was least important. There was no evidence that treatment group had any effect on preferences for either 'troublesome symptoms' or 'serious complications'. However, preferences differed for 'surgery' and 'lifelong medications'. **CONCLUSION:** The DCE aids the interpretation of the clinical evidence by indicating the importance placed on type of treatment and a treatment's ability to resolve symptoms. The results of the analysis highlight the importance of quantifying the risk of serious complications and of considering patient choice when decisions are made the types of treatment to provide and the type of treatment to recommend.

GI DISORDERS—Patient Reported Outcomes

PGI24

SPANISH CULTURAL ADAPTATION AND VALIDATION OF THE GASTROINTESTINAL SHORT FORM QUESTIONNAIRE (GSFQ)

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OBJECTIVES: The short, self-administered Gastroesophageal Reflux Disease (GERD) Symptom Frequency Questionnaire